#### Fire, Rescue & EMS



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# BETHESDA-CHEVY CHASE RESCUE SQUAD, INC

January 28, 2008

Draft Environment Impact Statement Comments Officer-in-Charge – BRAC Navy Medicine National Capital Area 8901 Rockville Pike Bethesda, MD 20889

RE: Draft Environmental Impact Statement for BRAC Implementation at the National Naval Medical Center

#### Dear Sir or Madam:

The Bethesda-Chevy Chase Rescue Squad (B-CCRS) is the closest Montgomery County Fire and Rescue Service (MCFRS) station<sup>1</sup> to the National Naval Medical Center (NNMC) main entrance at Wood Road. B-CCRS is an important stakeholder in the transition of NNMC to the Walter Reed National Military Medical Center (WRNMMC) due to our proximity to the Navy Medical complex and integral part we play in the facility's public safety in combination with the NNMC Fire Department. B-CCRS provides basic and advanced life support emergency medical services and "special service" fire and technical rescue apparatus responses to NNMC. Further, B-CCRS responds to several thousand emergency calls in Montgomery County per year using roadways adjacent to the NNMC property. In a non-emergency context, B-CCRS has enjoyed a long history of excellent training relationships with the NNMC Staff Education and Training Command and the Uniformed Services University of the Health Sciences, which have benefited numerous uniformed fire/rescue and military personnel.

<sup>&</sup>lt;sup>1</sup> Bethesda-Chevy Chase Rescue Squad, Inc. is a full operational partner in the Montgomery County Fire and Rescue Service and responds to approximately 10,000 fire, rescue and emergency medical calls per year under the County 911 system. Service levels provided by B-CCRS are set by its Board of Directors using philanthropically provided resources and the department operates with very limited County support. B-CCRS is the only County fire and rescue department that does not submit an annual budget request.

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The transition of NNMC into WRNMCC has many potential benefits for the nation, the Department of Defense (DoD) and the military dependent community in the National Capital Region. The consolidation of military medical resources will undoubtedly introduce cost efficiencies to the military medical system. Directing active duty and military dependent patients to the Bethesda site will also benefit B-CCRS because medical transports for active duty and military dependents will no longer be required to the Georgia Avenue, NW Walter Reed Army Medical Center (WRAMC) site. This will decrease cycle times for the approximately 200 transports per year made to WRAMC by my department.

I also anticipate that the proposed change will have consequences for which mitigation strategies should be considered between DoD facilities planners, Montgomery County transportation planners, the NNMC/WRAMMC Fire Department, MCFRS, and B-CCRS. These are as follows:

### Call Volume Changes

The additional visitor, patient, employee load and construction processes are likely to cause an increase in call volume on the WRAMMC complex and on feeder roadways and intersections to/from the facility. We cannot predict how large (or small) this increase will be. This increase may spike while construction is on-going and return to a lower level once construction hazards abate and the facility is completed and code and standards are updated. Current experience shows a low call volume on NNMC. This is likely due to a good fire prevention program, very healthy workforce, and the use of organic military medical and base resources to handle many incidents without the involvement of County 911. It is also enhanced by the mutual aid agreement with National Institutes of Health (NIH) for basic ambulance service when calls are brought into the County system. WRAMMC will be responsible for evaluating the need for additional on-base EMS service, but it is not possible at this time to say additional service will be needed. B-CCRS is capable of handling current levels of service with allowances for a moderate increase. It is reasonable hold a decision for additional resources until more information is available.

#### • Emergency Response & Traffic

It is *certain* that the increased visitor, patient, and employee flow in and out of the WRAMMC complex will make already congested roadways even more difficult to navigate at during crush-load periods. Northbound Rockville Pike, Eastbound Jones Bridge Road, and Eastbound Cedar Lane are primary emergency routes used for thousands of emergency responses each year by MCFRS. I implore DoD to work in a cooperative manner with Federal, state and local

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leadership to provide necessary funding agreements to make roadway improvements to minimize this impact.

## Facility Training

The WRAMMC site will be a more complex facility that NNMC. The number of special use, scientific spaces at WRAMMC including patient care spaces, operating rooms, medical laboratories, and other high risk areas, makes training and area familiarization for all public safety personnel critical in both daily and large scale responses. Area knowledge and hazard familiarization is an invaluable asset in delivering fire, rescue and EMS services. DoD should consider the establishment of a full-time position in the WRAMMC Fire Department responsible to coordinate training, preplan maintenance and liaison duties between WRAMMC, the National Institutes of Health Fire Department and Montgomery County Fire and Rescue personnel.

# MCFRS Radio Coverage

Coverage of the Montgomery County 800 MHz trunked fire/rescue radio system is poor to non-existent in many areas of the NNMC complex. This is particularly true in core areas of buildings once one gets away from windows or moves to below ground portions of the complex. The NNMC Fire Department has radios that operate in these areas, but insufficient portables exist to equip each County Fire/Rescue resource with its own radio. In order to provide a safe environment for fire and rescue personnel at the new WRAMMC, Radiax<sup>TM</sup>, bi-directional amplifiers, or an alternate engineering solution must be provided to enable MCFRS and WRAMMC Fire Department personnel to communicate on the MCFRS system in all areas of the complex. The cost of installing these systems in new buildings or those undergoing major renovation is a minimal relative to the benefits in efficiency and safety for any type of fire, rescue or emergency medical service response.

In summary, the evolution of NNMC to WRAMMC will produce challenges that my department (and Montgomery County) will need to overcome. B-CCRS has worked for many years cooperatively with the NNMC and its tenant commands, as well as the Uniformed Services University of the Health Sciences. We look forward to continuing this positive relationship. I would welcome the opportunity to have a representative of B-CCRS more directly involved in the process.

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Please feel free to contact me at 202-438-2489 if I can be of further assistance.

Sincerely,

Edward G. Sherburne, NREMT-P

Fire/Rescue Chief

cc: The Honorable Ike Leggett, County Executive
Montgomery County Council
Fire Chief Tom Carr, Montgomery County Fire/Rescue Service
Mr. Phil Alperson, Montgomery County BRAC Coordiantor
Assistant Chief Pat Fleming, National Naval Medical Center Fire Department
Montgomery County Volunteer Fire/Rescue Association

**B-CC** Chamber of Commerce